

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/				
2	/	/				
3	/	/				
4	/	/				
5	/	/				
6	/	/				
7	/	/				
8	/	/				
9	/	/				
10	/	/				
11	/	/				
12	/	/				
13	/	/				
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42	/	/				
43	/	/				
44	/	/				
45	/	/				
46	/	/				
47	/	/				
48	/	/				
49	/	/				
50	/	/				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

	★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/	/				
52	/	/				
53	/	/				
54	/	/				
55	/	/				
56	/	/				
57	/	/				
58	/	/				
59	/	/				
60	/	/				
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89	/	/				
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91	/	/				
92	/	/				
93	/	/				
94	/	/				
95	/	/				
96	/	/				
97	/	/				
98	/	/				
99	/	/				
100	/	/				
TOTAL IND.	16	↓	3	↓		↓
TOTAL DEP.	21	↓	21	↓		↓
TOTAL CLAIMS	37		44			

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS